

**TACTICAL RESPONSE REPORT/Chicago Police Department**

MEMBER INVOLVED  SUBJECT INFORMATION  REASON FOR USE OF FORCE (Check all that apply)  WEAPON DISCHARGE INCIDENT  CASE INFO.  SIGNATURES	1. DATE OF INCIDENT <b>07-APR-2016</b>	TIME <b>18:44:00</b>	2. ADDRESS OF OCCURRENCE <b>7031 S MERRILL AVE CHICAGO, IL 60649</b>				3. LOCATION CODE <b>090</b>	4. BEAT/OCURR <b>0331</b>																																	
	5. POSITION <b>9161</b>	6. LAST NAME <b>PAYNE</b>	7. FIRST NAME <b>LENERE F</b>	8. STAR NO. <b>5963</b>	9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10. RACE CODE/11. AGE <b>BLK</b>	12. HT. <b>509</b>	13. WT. <b>220</b>																																	
	14. DATE OF APPT. <b>18-DEC-2000</b>	15. EMPLOYEE NO. <b>003</b>	16. UNIT & BEAT OF ASSIGNMENT <b>0306K</b>	17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	18. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No																																			
	20. LAST NAME <b>GUNN</b>	21. FIRST NAME <b>WALTER</b>	22. M.I. <b>L</b>	23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24. RACE <b>BLK</b>	25. D.O.B. <b>26-MAY-1944</b>	26. HT. <b>606</b>	27. WT. <b>220</b>																																	
	28. ADDRESS 1357 N LEAVITT ST CHICAGO, IL 60622		29. TELEPHONE NO	30. WAS SUBJECT ARMED? RATHER (SPECIFY) <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No																																		
	33. WHERE WAS MEDICAL TREATMENT OBTAINED? <b>JACKSON PARK HOSPITAL FOUNDATION</b>		34. BY WHOM? <b>DR. FREDERICK</b>	35. CONDITION <input checked="" type="checkbox"/> 03 Hospitalized		36. APPARENTLY NORMAL <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence	37. NOT HOSPITALIZED <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid																																		
	38. CHARGES PLACED				39. DNA	40. CB NO	41. IR NO.	42. DNA																																	
	<table border="1"> <tr> <td colspan="2">36. SUBJECT'S ACTIONS</td> <td colspan="2">PASSIVE RESISTER</td> <td colspan="2">ACTIVE RESISTER</td> <td colspan="2">ASSAULT/ASSAULT</td> <td colspan="2">ASSAULT/BATTERY</td> <td colspan="2">ASSAULT/DEADLY FORCE</td> </tr> <tr> <td colspan="2">           DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>             STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/>             OTHER _____         </td> <td colspan="2">           FLED <input checked="" type="checkbox"/>             PULLED AWAY <input checked="" type="checkbox"/>             OTHER _____         </td> <td colspan="2">           IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/>             OTHER _____         </td> <td colspan="2">           ATTACK WITH WEAPON <input type="checkbox"/>             ATTACK WITHOUT WEAPON <input type="checkbox"/>             OTHER _____         </td> <td colspan="2">           USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/>             WEAPON <input type="checkbox"/>             OTHER _____         </td> </tr> <tr> <td colspan="2">           MEMBER PRESENCE <input checked="" type="checkbox"/>            VERBAL COMMANDS <input checked="" type="checkbox"/>            ESCORT HOLDS <input type="checkbox"/>            WRISTLOCK <input type="checkbox"/>            ARMBAR <input type="checkbox"/>            PRESSURE SENSITIVE AREAS <input type="checkbox"/>            CONTROL INSTRUMENT <input type="checkbox"/>            OC/CHMICAL WEAPON <input type="checkbox"/>            W/AUTHORIZATION <input type="checkbox"/>            OTHER _____         </td> <td colspan="2">           OPEN HAND STRIKE <input type="checkbox"/>            TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/>            OC CHEMICAL WEAPON <input type="checkbox"/>            CANINE <input type="checkbox"/>            TASER (Probe Discharge) <input type="checkbox"/>            TASER (Contact Stun) <input type="checkbox"/>            TASER (Spark Displayed) <input type="checkbox"/>            OTHER _____         </td> <td colspan="2">           ELBOW STRIKE <input type="checkbox"/>            CLOSED HAND STRIKE/PUNCH <input type="checkbox"/>            IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>            OTHER _____         </td> <td colspan="2">           KNEE STRIKE <input type="checkbox"/>            KICKS <input type="checkbox"/>            IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>            OTHER _____         </td> <td colspan="2">           FIREARM <input type="checkbox"/>            OTHER _____         </td> </tr> </table>									36. SUBJECT'S ACTIONS		PASSIVE RESISTER		ACTIVE RESISTER		ASSAULT/ASSAULT		ASSAULT/BATTERY		ASSAULT/DEADLY FORCE		DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>  STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/>  OTHER _____		FLED <input checked="" type="checkbox"/>  PULLED AWAY <input checked="" type="checkbox"/>  OTHER _____		IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/>  OTHER _____		ATTACK WITH WEAPON <input type="checkbox"/>  ATTACK WITHOUT WEAPON <input type="checkbox"/>  OTHER _____		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/>  WEAPON <input type="checkbox"/>  OTHER _____		MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHMICAL WEAPON <input type="checkbox"/> W/AUTHORIZATION <input type="checkbox"/> OTHER _____		OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> OTHER _____		ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> OTHER _____		KNEE STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/> OTHER _____		FIREARM <input type="checkbox"/> OTHER _____	
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39. DNA		40. OC/CHMICAL WEAPON AUTHORIZED BY (NAME)		40. ADDITIONAL INFORMATION																																					
POSITION		STAR NO.		UNIT																																					
41. WEAPON TYPE			42. INCIDENT OCCURRED		43. LIGHTING CONDITIONS		44. WEATHER CONDITIONS		45. MAKE/MANUFACTURER			46. MODEL		47. BARREL LENGTH		48. CALIBER/GAUGE																									
<input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN			<input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge)		<input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors		<input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial		OTHER																																
49. TASER DART ID NO.			50. WEAPON SERIAL NO. (Include Letters)		51. CHICAGO GUN REG. NO.		52. IL FIREARM OWNER ID. NO.		53. HANDGUN CERTIFICATE NO.																																
54. SPECIAL WEAPON CERTIFICATE NO.			55. PROPERTY INVENTORY NO.		56. TYPE OF AMMUNITION USED		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER		58. TOTAL NO. OF SHOTS MEMBER FIRED																																
<input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER			59. WHO FIRED FIRST SHOT <input type="checkbox"/> 03 OTHER (SPECIFY)		60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61. NO. OF CARTRIDGES/ SHOT SHELLS RELOADED		62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)			63. OTHER (Specify)																													
<input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW			63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 03 OTHER (Specify)		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD							65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO																													
66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)			67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 5 FT. <input type="checkbox"/> 02 6 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.																																						
68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN			69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)																																						
72. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT./DIST. OF OCCUR. NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS/DIST. OF OCCUR & OCIC									<input type="checkbox"/> CPIC																																
Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.									<input type="checkbox"/> CPIC																																
73. REPORTING MEMBER (Print Name) <b>PAYNE, LENERE F</b> 07-APR-2016 23:27:16									STAR/EMPLOYEE NO. <b>5963</b>		SIGNATURE																														
74. REVIEWING SUPERVISOR (Print Name) <b>SAUTKUS, STEVEN J</b> 07-APR-2016 23:32:07									STAR NO. <b>1381</b>		SIGNATURE																														
									DATE REVIEWED <b>07-APR-2016 23:32:07</b>		TIME <b>07-APR-2016 23:32:07</b>																														

## LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER; 4.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HEREIN 1 THROUGH 3.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE  DNA  REFUSED  INTERVIEW NOT CONDUCTED (Specify Reason)

R/Lt was unable to interview the offender because he was taken to Jackson Park Hospital for mental evaluation.

### 76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX ?? FINDING

Based on the reports submitted at this time, the officer's actions were in compliance with department rules and regulations. Cross reference this with Log #1080010 obtained by Sgt Kennedy #1626 from IPRA at 2101 hrs.

### 77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.  I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. \_\_\_\_\_ OBTAINED \_\_\_\_\_

78. LIEUTENANT OR ABOVE/OCIC (Print Name) <b>WILLIAMS, TERESA H</b>	SIGNATURE 	DATE COMPLETED <b>08-APR-2016 17:11:53</b>	TIME
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### 79. TOTAL TRRs THIS EVENT No.

8